

PART I

Section V

CONSUMER ELIGIBILITY, SERVICE DEFINITION, AND SERVICE GUIDELINES

For

Other Services

**PROVIDER MANUAL
FOR
COMMUNITY MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES
PROVIDERS
FOR
THE DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES
AND
ADDICTIVE DISEASES**



JULY 2006

TAPP Case Management					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
TAPP Case Management	T 1 0 1 6				

Definition of Service: TAPP Case Management Services include the following:

- a. **Initial Contact:** Upon the referred individuals' release from confinement, contractors make contact (face-to-face when possible) with the potential TAPP consumers and provide a description of the case management services available through the TAPP program, enroll interested consumers, and assist with immediate and basic needs (medication and treatment expenses, food, temporary shelter, etc.).
- b. **Referral:** Contractor shall schedule initial intake appointments with other MHDDAD providers and other community resource agencies for all referred, eligible individuals who are in need of such services based upon information contained on the TAPP Referral Form and other supporting documentation, if any, received from the referring agency.

Contractors will request scheduling of these initial appointments with providers within 5 days (excluding weekends and holidays) of the referred individual's scheduled release date from confinement or within 5 days of referral (if referral is received after release from confinement).

- c. **Case Management:** Provide ongoing case management and support services by assisting TAPP consumers in accessing needed services, coordinating the delivery of services, monitoring of progress and providing support to restore and develop skills in functional areas that interfere with the ability to maintain housing, participate in educational activities, regain or maintain employment, develop and maintain social and familial relationships, and reduce risk of re-incarceration and hospitalization.

<p>Target Population</p>	<p>Individuals meeting the following four (4) criteria:</p> <ol style="list-style-type: none"> 1) Adults with one of the following <ol style="list-style-type: none"> a. Mental Health Diagnosis <ol style="list-style-type: none"> i. Schizophrenia and Other Psychotic Disorders ii. Mood Disorders iii. Anxiety Disorders iv. Adjustment Disorders (By definition, an Adjustment Disorder must resolve within 6 months of the termination of the stressor or its consequences) v. Mental Disorders Due to a General Medical Condition Not Elsewhere Classified vi. Exclusions: The following disorders are excluded unless co-occurring with a qualifying primary Axis I mental health or mental retardation/developmental disability diagnosis that is the focus of treatment: <ol style="list-style-type: none"> a. Tic disorders b. Learning Disorders c. Motor Skills Disorders d. Communication Disorders e. Organic Mental Disorders f. Personality Change Due to a General Medical Condition g. Mental Disorder NOS Due to a General Medical Condition h. V Codes b. Mental Retardation/ Developmental Disability c. Co-Occurring Substance-Related Disorder and Mental Health Diagnosis d. Co-Occurring Mental Health Diagnosis and Mental Retardation/Developmental Disabilities e. Co-Occurring Substance-Related Disorder and Mental Retardation/ Developmental Disabilities f. Co-Occurring Mental Health Diagnosis and Mental Retardation/Developmental Disabilities and Substance-Related Disorder <p>AND</p> <ol style="list-style-type: none"> 2) Referred from the Georgia Department of Corrections (including Probation Division), Board of Pardons and Paroles, or MHDDAD Forensic Services, <p>AND</p> <ol style="list-style-type: none"> 3) Have been released from secure confinement within the past 3 months or are scheduled to be released from confinement within the next 3 months <p>AND</p> <ol style="list-style-type: none"> 4) If eligible due to a mental health diagnosis in Item 1), must have been receiving mental health services at the time of release from
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	confinement that were equivalent in intensity to a Level 2 in Georgia Department of Corrections' mental health service system (release from a DHR hospital meets this criteria).
Benefit Information	<ul style="list-style-type: none"> ▪ <u>Initial Contact</u> and <u>Referral</u> available to all referred individuals. No MICP required. ▪ <u>Case Management</u> available to Core Customers in need of Ongoing Services. Requires a MICP Part I and MICP Part II and IV.
Unit Value	Unit=15 minutes
Reimbursement Rate	\$15.00 /unit
N/	N/A
Re-Authorization	Continued Stay Review is required every 180 days.
Authorization Period	180 days
UAS: Budget and Expense Categories	010
Admission Criteria	<ol style="list-style-type: none"> 1. Individual must meet target population criteria as indicated above; and one or more of the following: 2. Individual needs assistance with accessing treatment, rehabilitation and/or habilitation services; or 3. Individual needs assistance with accessing needed resources available through other community and governmental agencies; or 4. Individual needs assistance in restoring or developing functional skills related to obtaining or maintaining housing, employment, supportive social and familial relationships, and/or other skills related to reduction of risk of rehospitalization and/or reincarceration.
Continuing Stay Criteria	<ol style="list-style-type: none"> 1. Individual continues to meet admission criteria; and 2. Individual demonstrates documented progress or maintenance of skills relative to goals identified in the Individualized Care Plan / Individualized Service Plan.

Discharge Criteria	1. An adequate continuing care plan has been established; and one or more of the following: 2. Goals of Individualized Care Plan/Individualized Service Plan have been substantially met; or 3. Individual requests discharge; or 4. Another community treatment/habilitation provider has accepted the consumer for ongoing services that will replace TAPP Case Management in meeting the consumer's needs.
Service Exclusions	None
Clinical Exclusions	None

Additional Service Criteria:

A. Required Components

1. The organization must have policies and procedures for protecting the safety of staff who engage in these community-based service delivery activities.
2. Individuals receiving TAPP Case Management must have contact with their case manager a minimum of once every 30 days. This contact should be face-to-face whenever possible.
3. At least 50% of TAPP Case Management services must be delivered face-to-face with the consumers receiving this service and 80% of all face-to-face services must be delivered in non-clinic settings over the authorization period. The TAPP Case Management provider, through documentation, must demonstrate that a significant effort has been made to make a face-to-face contact with the consumer; however, when multiple attempts made to contact the consumer have failed to result in an actual face-to-face contact within 30 days but telephonic contact is successful, TAPP Case Management services may continue.
4. If an individual is receiving TAPP Case Management services and is under supervision of a Parole or Probation Officer, the TAPP Case Manager will, with the consumer's authorization to release information, provide the Parole or Probation Officer with updates on the consumer's progress on a monthly basis or less frequently if so desired by the supervising officer.

B. Staffing Requirements

The following are applicable effective immediately for any new TAPP Provider. Existing TAPP providers will have a 12-month transition period, beginning July 1, 2006, to meet these staffing requirements:

1. The following practitioners may provide TAPP Case Management services:
 - Mental Health Professional (MHP)
 - Developmental Disability Professional (DDP)

2. Under the supervision of a Physician, an MHP, or a DDP, the following staff may also provide TAPP Case Management:
 - Certified Peer Specialists
 - Paraprofessional staff
3. TAPP Case Management - Individual providers must maintain a recommended consumer-to-staff ratio of 25 consumers per staff member and a maximum ratio of 50 consumers per staff member.

C. Clinical Operations

1. TAPP Case Management services provided to consumers must include coordination with other systems of care such as other MHDDAD providers, criminal justice system officials, and other community resource and governmental social service agencies as well as family and significant others as specified by the consumer.
2. TAPP Case Management providers must have the ability to deliver services in various environments, such as homes, hospitals, jails, criminal justice agency offices, homeless shelters or street locations. The provider should keep in mind that consumers may prefer to meet staff at a community location other than their homes or other conspicuous locations (e.g. their place of work), especially if staff drive a vehicle that is clearly marked as a state or agency vehicle, or if staff must identify themselves and their purpose to gain access to the consumer in a way that may potentially embarrass the individual or breach privacy/confidentiality.
3. The organization must have policies that govern the provision of services in natural settings and can document that it respects individuals' and/or families' right to privacy and confidentiality when services are provided in these settings.
4. The organization must have established procedures/protocols for handling emergency and crisis situations that describe methods for handling individuals who require psychiatric hospitalization.
5. The organization must have a TAPP Case Management Organizational Plan that addresses the following:
 - description of the particular rehabilitation, recovery and natural support development models utilized, types of intervention practiced, and typical daily schedule for staff
 - description of the staffing pattern and how staff are deployed to assure that the required staff-to-consumer ratios are maintained, including how unplanned staff absences, illnesses, or emergencies are accommodated
 - description of the hours of operations as related to access and availability to the individuals served.

D. Service Accessibility

1. Agencies that provide TAPP Case Management services must regularly provide individuals with contact information for appropriate crisis intervention services (i.e. the after hours crisis services telephone number).

E. Additional Medicaid Requirements

1. N/A

F. Reporting Requirements

1. Contractor shall submit a TAPP Monthly Activity Report in electronic format to the state Division of MHDDAD, Office of Forensic Services by the 10th day of each month.
2. Contractor shall document money spent directly on clients (e.g. medicine, treatment expenses, temporary accommodations, etc.) to reflect the appropriate use of 10% of contract amount designated for direct client benefits.
3. All other applicable MICP, and other DMHDDAD reporting requirements must be adhered to.

Treatment Court Services

Definition of Service: Treatment Courts are specialized judicial forums designed to facilitate treatment for first-time, non-violent offenders with addictive diseases and/or mental illness. Treatment Courts combine intense judicial supervision, comprehensive substance abuse and/or mental health treatment, random and frequent drug testing, incentives and sanctions, clinical case management and ancillary services. A variety of different services are available through treatment courts:

- Treatment Courts – Screening, Outreach & Crisis Services
- Treatment Courts – Outpatient Services
- Treatment Courts – Day & Employment Services
- Treatment Courts – Residential Services

Please refer to the service definitions following for details.

Additional Service Information:

<p align="center">Treatment Courts: Screening, Crisis & Outreach Services (Mental Health & Addictive Diseases)</p>

Definition of Service: The intent of these services is to assess the needs of individuals served, development service plan, refer to appropriate services, and address crisis situations as needed. These services may include: initial screening, diagnostic evaluation, outreach referral and/or crisis intervention.

Target Population:	Adults with mental health and/or substance abuse issues who are directed to services through treatment courts.										
Expected Benefit:	Reduction of symptoms and improvement in quality of life resulting in decreased or no involvement with the criminal justice system.										
MHMRIS: Subunit & Modality	<table> <tr> <td><u>Subunit</u></td><td><u>Modality</u></td></tr> <tr> <td>915 – Treatment Court – MH</td><td>08 – Outpatient</td></tr> <tr> <td>Screening, Crisis & Outreach Services</td><td></td></tr> <tr> <td>975 – Treatment Court – AD</td><td>08 – Outpatient</td></tr> <tr> <td>Screening, Crisis & Outreach Services</td><td></td></tr> </table>	<u>Subunit</u>	<u>Modality</u>	915 – Treatment Court – MH	08 – Outpatient	Screening, Crisis & Outreach Services		975 – Treatment Court – AD	08 – Outpatient	Screening, Crisis & Outreach Services	
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975 – Treatment Court – AD	08 – Outpatient										
Screening, Crisis & Outreach Services											
UAS: Budget and Expense Categories	115 – Adult Mental Health 715 – Adult Addictive Diseases										
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE										

Additional Service Information:

1. Providers who deliver screening, crisis and outreach services under Treatment Court contracts should report expenses for those services using the appropriate UAS budget codes listed above, not the 100 or 700 budget codes.
2. Screening, crisis and outreach services provided under Treatment Court contracts should be reported to MHMRIS using only the subunits listed above and no other subunits.
3. A provider may report screening, crisis and outreach expenses and services using budget codes and subunits other than those listed above only for services that are not provided under Treatment Court contracts.

Treatment Courts: Outpatient Services (Mental Health & Addictive Diseases)

Definition of Service: These services shall be provided as needed to individuals receiving services through treatment courts and may include: individual, group and family counseling, ambulatory detoxification, community support services, physician and nursing assessment to address the issues that led to involvement in the criminal justice system.

Target Population:	Adults with mental health and/or substance abuse issues who are directed to services through treatment courts.	
Expected Benefit:	Reduction of symptoms and improvement in quality of life resulting in decreased or no involvement with the criminal justice system.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 916 – Treatment Court – MH Outpatient Services 976 – Treatment Court – AD Outpatient Services	<u>Modality</u> 08 – Outpatient 08 – Outpatient
UAS: Budget and Expense Categories	115 – Adult Mental Health 715 – Adult Addictive Diseases	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. Providers who deliver outpatient services under Treatment Court contracts should report expenses for those services using the appropriate UAS budget codes listed above, not the 100 or 700 budget codes.
2. Outpatient services provided under Treatment Court contracts should be reported to MHMRIS using only the subunits listed above and no other subunits.
3. A provider may report outpatient expenses and services using budget codes and subunits other than those listed above only for services that are not provided under Treatment Court contracts.

<p align="center">Treatment Courts: Day & Employment Services (Mental Health & Addictive Diseases)</p>

Definition of Service: These services are intended for individuals with more severe issues and may include the following services: substance abuse day treatment, peer support, psychosocial rehabilitation services and community-based employment services.

Target Population:	Adults with mental health and/or substance abuse issues who are directed to services through treatment courts.	
Expected Benefit:	Reduction of symptoms and improvement in quality of life resulting in decreased or no involvement with the criminal justice system.	
MHMRIS: Subunit & Modality	<p align="center"><u>Subunit</u></p> <p>917 – Treatment Court – MH Day & Employment Services</p> <p>977 – Treatment Court – AD Day & Employment Services</p>	<p align="center"><u>Modality</u></p> <p>08 – Outpatient</p> <p>08 – Outpatient</p>
UAS: Budget and Expense Categories	<p>115 – Adult Mental Health</p> <p>715 – Adult Addictive Diseases</p>	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. Providers who deliver day and employment services under Treatment Court contracts should report expenses for those services using the appropriate UAS budget codes listed above, not the 100 or 700 budget codes.
2. Day and employment services provided under Treatment Court contracts should be reported to MHMRIS using only the subunits listed above and no other subunits.
3. A provider may report day and employment expenses and services using budget codes and subunits other than those listed above only for services that are not provided under Treatment Court contracts.

<p align="center">Treatment Courts: Residential Services (Mental Health & Addictive Diseases)</p>
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Definition of Service: These services shall be provided to individuals served by treatment courts and may include a wide variety of residential treatment options based on the needs of the individual served.

Target Population:	Adults with mental health and/or substance abuse issues who are directed to services through treatment courts.	
Expected Benefit:	Reduction of symptoms and improvement in quality of life resulting in decreased or no involvement with the criminal justice system.	
MHMRIS: Subunit & Modality	<p align="center"><u>Subunit</u></p> <p>918 – Treatment Court – MH Residential Services</p> <p>978 – Treatment Court – AD Residential Services</p>	<p align="center"><u>Modality</u></p> <p>04 – Residential</p> <p>04 – Residential</p>
UAS: Budget and Expense Categories	<p>115 – Adult Mental Health</p> <p>715 – Adult Addictive Diseases</p>	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. Providers who deliver residential services under Treatment Court contracts should report expenses for those services using the appropriate UAS budget codes listed above, not the 100 or 700 budget codes.
2. Residential services provided under Treatment Court contracts should be reported to MHMRIS using only the subunits listed above and no other subunits.
3. A provider may report residential expenses and services using budget codes and subunits other than those listed above only for services that are not provided under Treatment Court contracts.

Antipsychotic Drugs - Old Generation Agents

Definition of Service: Medications prescribed by a physician to reduce or eliminate symptoms of psychosis such as hallucinations, delusions and confused thinking. This class of medication often produces numerous unpleasant or even debilitating side effects.

Target Population:	Any individual exhibiting symptoms of psychotic illness.	
Expected Benefit:	Reduction in symptoms of psychosis.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 601 – Antipsychotic Drugs- Old Generation Agents	<u>Modality</u> 08 - Outpatient
UAS: Budget and Expense Categories	NONE	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. Use of antipsychotic drugs is a treatment regimen included as part of a plan of treatment and service for individuals exhibiting symptoms of psychotic illness.
2. Consumers on antipsychotic drugs should be enrolled in MHMRIS for the purpose of reporting drug usage and utilization of different drugs. Consumers may be enrolled in more than one type of drug as prescribed by a physician.
3. For the purpose of reporting to MHMRIS, the use of any old generation agent would be included in this service. This category of drugs would include Chlorpromazine, Fluphenazine, Haloperidol, Loxapine, Mesoridazine, Molindone, Perphenazine, Pimozide, Trifluoparazine, Thioridazine, Thiothixene, and other old generation agents as appropriate.

Antipsychotic Drugs - New Generation Agents

Definition of Service: Medications prescribed by a physician to reduce or eliminate symptoms of psychosis such as hallucinations, delusions and confused thinking. New generation agents often produce superior outcomes by treating a broader range of both positive and negative symptoms of illness with fewer uncomfortable side effects.

Target Population:	Any individual exhibiting symptoms of psychotic illness.																
Expected Benefit:	Reduction in symptoms of psychosis with fewer uncomfortable and/or debilitating side effects.																
MHMRIS: Subunit & Modality	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Subunit</u></th><th style="text-align: left; border-bottom: 1px solid black;"><u>Modality</u></th></tr> </thead> <tbody> <tr> <td colspan="2">Antipsychotic Drugs – New Generation Agents</td></tr> <tr> <td>602 – Clozapine</td><td>08 – Outpatient</td></tr> <tr> <td>603 – Olanzapine</td><td>08 – Outpatient</td></tr> <tr> <td>604 – Quetiapine</td><td>08 – Outpatient</td></tr> <tr> <td>605 – Risperidone</td><td>08 – Outpatient</td></tr> <tr> <td>606 – Ziprasidone</td><td>08 – Outpatient</td></tr> <tr> <td>607 – Aripiprazole</td><td>08 – Outpatient</td></tr> </tbody> </table>	<u>Subunit</u>	<u>Modality</u>	Antipsychotic Drugs – New Generation Agents		602 – Clozapine	08 – Outpatient	603 – Olanzapine	08 – Outpatient	604 – Quetiapine	08 – Outpatient	605 – Risperidone	08 – Outpatient	606 – Ziprasidone	08 – Outpatient	607 – Aripiprazole	08 – Outpatient
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UAS: Budget and Expense Categories	NONE																
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE																

Additional Service Information:

1. Use of antipsychotic drugs is a treatment regimen included as part of a plan of treatment and service for individuals exhibiting symptoms of psychotic illness.
2. Consumers on antipsychotic drugs should be enrolled in MHMRIS for the purpose of reporting drug usage and utilization of different drugs. Consumers may be enrolled in more than one type of drug as prescribed by a physician.

Ready for Work and Other TANF Programs

Definition of Service: These services are women's gender specific services designed to remove the barriers of addiction, limited mental health and developmental disabilities to employment. These programs are designed for those who meet the TANF needy family definition in order to promote employment, parenting and other life skills. Limited slots are available for Non-TANF individual's who meet the most in need criteria or core customer definition and would benefit from gender specific services.

The following services are provided:

- TANF and Non-TANF Ready For Work
- TANF Mental Health
- TANF Development Disabilities Employment
- Safe Port

Some services require the consumer to meet the DFCS definition for "Needy Family". To meet this definition the individual must meet one of three non- financial criteria and one financial requirement:

a. Non-Financial Rules:

1. Current TANF Recipients – Individuals with active TANF cash assistance cases
2. Former TANF Recipients – Individuals whose TANF assistance was terminated within the previous twelve months due to employment
3. Families at Risk – Individuals with active DFCS child protective cases

b. Financial Rules:

1. Income – The limit for the RFW program is set at 235% of the Federal Poverty Level for individuals who are not eligible for TANF cash assistance.

Refer to the service definitions following.

TANF Recipients

Definition of Service: The purpose of this code is to identify women who are TANF recipients (actually receive TANF benefits) receiving Ready for Work Program Services, Safe Port Pilot services, TANF MH outpatient services or TANF DD services.

Because DFCS has adopted a needy family definition for TANF for the purposes of participation in the Ready for Work Program, not all women who are in TANF funded slots will be TANF recipients. We must track TANF recipients in addition to the number of women in TANF funded slots in the Ready for Work Program, Safe Port Pilot services, or TANF funded mental health outpatient services.

Target Population:	Any woman who is a TANF recipient.	
Expected Benefit:	Not Applicable	
MHMRIS: Subunit & Modality	<u>Subunit</u> 811 – TANF Recipients 812 – TANF Recipients	<u>Modality</u> 04 – Residential 08 – Outpatient
UAS: Budget and Expense Categories	NONE	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. If a consumer is enrolled in this service they must also be enrolled in one of the other TANF services.

TANF Ready for Work – Outpatient

Definition of Service: Women's gender-specific substance abuse day supports services beginning with ASAM level 2.5. This includes but is not limited to substance abuse treatment, aftercare, outreach, parenting, support groups, skills building that will support transitioning into work.

Target Population:	Adult women with substance related problems that meet the TANF definition of needy family. See needy family definition for substance abuse.	
Expected Benefit:	Improved life skill functioning and employment.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 801 – TANF RFW Outpatient	<u>Modality</u> 08 – Outpatient
UAS: Budget and Expense Categories	<u>Substance Abuse</u> 621 – Ready for Work Outpatient – TANF Grant	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. These service slots are funded with TANF federal funds.

Non-TANF Ready for Work – Outpatient

Definition of Service: Women's gender-specific substance abuse day supports services beginning with ASAM level 2.5. This includes but is not limited to substance abuse treatment, aftercare, outreach, parenting, support groups, skills building that will support transitioning into work.

Target Population:	Adult women with substance related problems that do not meet the TANF definition of needy family but does meet the core customer definition.	
Expected Benefit:	Improved life skill functioning and employment.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 802 – TANF RFW Outpatient	<u>Modality</u> 08 – Outpatient
UAS: Budget and Expense Categories	<u>Addictive Diseases</u> 620 – Ready for Work Outpatient – SAPT BG	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):		

Additional Service Information:

1. These service slots are funded with SAPTBG federal funds.
2. A consumer is determined Non-TANF if:
 - a. A woman pregnant for the first time
 - b. A woman who has lost parental custody of her children, i.e. is not working on reunification
 - c. A woman who is not associated with DFCS (TANF or CPS), meets most-in-need criteria and would benefit from gender specific treatment.

TANF Ready for Work - Residential

Definition of Service: Women's gender-specific substance abuse residential treatment services beginning with ASAM level 3.5. This includes but is not limited to substance abuse treatment, aftercare, outreach, parenting, support groups, skills building that will support transitioning into work.

Consumers should be enrolled in TANF Ready for Work – Residential if the funded slots were with the original TANF funds for this program. If a consumer is in a slot that was an added TANF slot then the see the service definition for TANF AP Ready for Work – Residential.

Target Population:	Adult women with substance related problems that meet the TANF definition of needy family. See needy family definition for substance abuse.	
Expected Benefit:	Improved life skill functioning and employment.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 803 – TANF RFW Residential	<u>Modality</u> 04 – Residential
UAS: Budget and Expense Categories	<u>Addictive Diseases</u> 625 – Ready for Work Residential – TANF Grant	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):		

Additional Service Information:

1. THESE SERVICE SLOTS ARE FUNDED WITH TANF FUNDS.

TANF (AP) Ready for Work – Residential

Definition of Service: Women's gender-specific substance abuse residential treatment services beginning with ASAM level 3.5. This includes but is not limited to substance abuse treatment, aftercare, outreach, parenting, support groups, skills building that will support transitioning into work.

Consumers are enrolled in this service if they are NOT in a slot that was funded with original TANF funds for his program. These are additional slots that were allocated after the original slots for this program was funded. For consumers in original TANF funded slots refer to the service definition for TANF Ready for Work – Residential.

Target Population:	Adult women with substance related problems that meet the TANF definition of needy family.	
Expected Benefit:	Improved life skill functioning and employment.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 807 – TANF AP RFW Residential Services	<u>Modality</u> 04 – Residential
UAS: Budget and Expense Categories	<u>Addictive Diseases</u> 623 – AP RFW TANF Residential	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. THIS SERVICE IS FUNDED WITH TANF AP FEDERAL FUNDS.

Non-TANF Ready for Work - Residential

Definition of Service: Women's gender-specific substance abuse residential treatment services beginning with ASAM level 3.5. This includes but is not limited to substance abuse treatment, aftercare, outreach, parenting, support groups, skills building that will support transitioning into work.

Target Population:	Adult women with substance related problems that do not meet the TANF definition of needy family but does meet the core customer definition.
Expected Benefit:	Improved life skill functioning and employment.
MHMRIS: Subunit & Modality	<u>Subunit</u> <u>Modality</u> 804 – Non-TANF RFW Residential 04 – Residential
UAS: Budget and Expense Categories	<u>Addictive Diseases</u> 624 – Ready for Work Residential – SAPT BG
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE

Additional Service Information:

1. These service slots are funded with SAPTBG federal funds.
2. A consumer is determined Non-TANF if:
 - a. A woman pregnant for the first time
 - b. A woman who has lost parental custody of her children, i.e. is not working on reunification
 - c. A woman who is not associated with DFCS (TANF or CPS), meets most-in-need criteria and would benefit from gender specific treatment.

TANF Mental Health Outpatient Services

Definition of Service: This service is mental health counseling designed to address the specific mental health needs of those who meet the TANF definition of needy family and for whom a mental health issue is determined a real barrier to successful employment. This includes their children or significant others who have been identified as having a mental health issue. TANF MH services include but are not limited to mental health assessment, case management and coordination, outreach services, and skills building that will support transitioning into work. Life skills, anger management, relationship issues are typical TANF MH issues. V-codes and some AXIS 1 diagnosis for non-SPMI are included but is not limited to dysthymia, personality disorders, adjustment disorders, generalized anxiety, single episode depression (mild) social phobia.

Target Population:	Adult women with mental health problems that meet the TANF definition of needy family but do not meet the most-in-need criteria.	
Expected Benefit:	Improved life skill functioning and employment.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 806 – AP TANF Mental Health Outpatient Services	<u>Modality</u> 08 – Outpatient
UAS: Budget and Expense Categories	<u>Mental Health</u> 020 – TANF MH Outpatient	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. These service slots are funded with TANF federal funds.

TANF Substance Abuse Safe Port

Definition of Service: TANF Safe Port project now known as the Millennium Center (MC) is a therapeutic community that serves women and families who are in need of services stemming from addiction and trauma. This includes but is not limited to substance abuse treatment, aftercare, outreach, parenting, support groups, skills building that will support transitioning into work.

Target Population:	Adult women with substance related problems that meet the TANF definition of needy family in the West Central region.	
Expected Benefit:	Improved life skill functioning and employment.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 809 –TANF SA Safe port	<u>Modality</u> 04 – Residential
UAS: Budget and Expense Categories	<u>Addictive Diseases</u> 627 – TANF SA Safe Port	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. This sub-unit is for providers in West Central only for a pilot of the Safe Port SA model, which will include a comprehensive array of services for long-term TANF recipients and others who meet the TANF definition of needy family. Ancillary services are also provided to family members and their children, however, the primary consumer is the adult woman.
2. This service is funded with TANF federal funds.

TANF DD Employment Services

Definition of Service: Services include assessment, vocational training, vocational counseling, job development, job placement, linkages to generic and natural supports, and direct on the job support.

Target Population:	Adult women with developmental disability (DD) issues limited to history of special education, learning disabilities, and behavior management that meet the TANF definition of needy family but do not meet the most-in-need criteria for (DD) services.	
Expected Benefit:	Appropriate employment placement.	
MHMRIS: Subunit & Modality	<u>Subunit</u> 810 – TANF MR	<u>Modality</u> 08 – Outpatient
UAS: Budget and Expense Categories	<u>Developmental Disabilities</u> 520 – TANF Mental Retardation Funds	
Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):	NONE	

Additional Service Information:

1. This service is funded with TANF federal funds.
2. Ancillary services are also provided to family members and their children, however, the primary consumer is the adult woman.